




2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 8:00 am
Secretary of State

03-17-2006 90133 039 ****61.25

DOCUMENT # 708237					
1. Entity Name PRINCE OF PEACE LUTHERAN CHURCH OF FERNANDINA BEACH, INCORPORATED					
Principal Place of Business 2600 ATLANTIC AVE FERNANDINA BEACH, FL 32034			Mailing Address 2600 ATLANTIC AVE FERNANDINA BEACH, FL 32034		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1301849	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ERMOLD, LEONARD 4443 TITLEIST DRIVE FERNANDINA BEACH, FL 32034				Name: Bruce Malcolm	
				Street Address (P.O. Box Number is Not Acceptable) 521 Tarpon Ave	
				City: Fernandina Beach FL Zip Code 32034	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: 				DATE: 3/6/06	
Filing Fee is \$61.25 Due by May 1, 2006				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROTHROCK, RICHARD		NAME	Bruce Malcolm	
STREET ADDRESS	2487 CAPTAIN HOOK DRIVE		STREET ADDRESS	521 Tarpon Ave	
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034		CITY-ST-ZIP	Fernandina Beach, FL 32034	
TITLE		<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Ed Kramer	
STREET ADDRESS			STREET ADDRESS	86012 Lofton Ct	
CITY-ST-ZIP			CITY-ST-ZIP	Yulee, FL 32097	
TITLE		<input type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Tanya Adin	
STREET ADDRESS			STREET ADDRESS	26 Secret Cove	
CITY-ST-ZIP			CITY-ST-ZIP	Fernandina Beach, FL 32034	
TITLE		<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Susan Farmer	
STREET ADDRESS			STREET ADDRESS	23751 Flora Parke Blvd	
CITY-ST-ZIP			CITY-ST-ZIP	Fernandina Beach, FL 32034	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Margie Williams	
STREET ADDRESS			STREET ADDRESS	403 Tarpon Ave #323	
CITY-ST-ZIP			CITY-ST-ZIP	Fernandina Beach, FL 32034	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Jane Peterson	
STREET ADDRESS			STREET ADDRESS	4112 S. Fletcher Ave	
CITY-ST-ZIP			CITY-ST-ZIP	Fernandina Beach, FL 32034	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 				DATE: 3/6/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	

0001105



03052006 Chg-NP CR2E037 (11/05)